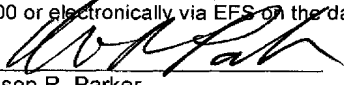
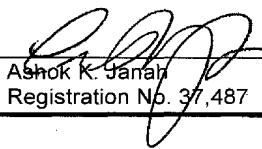


# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lin et al.	Art Unit: 1775
Application No: 10/691,418	Examiner: Miller, Daniel H.
Confirmation No: 6173	Attorney Docket No: 008716 USA/CPS/IBSS/HM
Filed: October 22, 2003	August 6, 2007
Title: CLEANING AND REFURBISHING CHAMBER COMPONENTS HAVING METAL COATINGS	San Francisco, CA 94107

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b> <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136	
<b>Papers Enclosed</b>  <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> Declaration <input type="checkbox"/> Drawing <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer	Extension (Months)	Extension Fee
		Large Entity      Small Entity
	<input checked="" type="checkbox"/> One Month	\$120.00      \$60.00
	<input type="checkbox"/> Two Months	\$450.00      \$225.00
	<input type="checkbox"/> Three Months	\$1,020.00      \$510.00
	<b>Total \$ 120.00</b>	
	<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	17	26	0	\$50.00	\$25.00	\$0.00
Independent Claims	5	5	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims			0	\$360.00	\$180.00	\$0.00
Supplemental Information Disclosure Statement						
<b>Total</b>						<b>\$0.00</b>

<b>Fee Payment</b>		<b>Fee Deficiency</b>	
Extension Fees	\$120.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00	and/or	
<b>Total</b>	<b>\$120.00</b>	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$120.00.		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b>  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or transmitted via facsimile to (571) 273-8300 or electronically via EFS on the date shown below.		Respectfully Submitted,	
By:  Date: <u>August 6, 2007</u> Alison R. Parker		By:  Date: <u>August 6, 2007</u> Ashok K. Janah Registration No. <u>37,487</u>	